SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ANNUAL ACCOUNTABILITY REPORT

Fiscal Year 1999 – 00

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October 20, 2000

Mr. Les Boles
Director, Office of State Budget
1122 Lady Street, 12th Floor
Columbia, S.C. 29201

Dear Mr. Boles:

The Department of Disabilities and Special Needs appreciates the opportunity to submit this transmittal of DDSN's Accountability Report for FY 1999-00.

Section 44-20-240 of the South Carolina Code of Laws, as amended, states that the South Carolina Department of Disabilities and Special Needs has authority over all the state's services and programs for the treatment and training of persons with mental retardation, related disabilities, autism, head injuries and spinal cord injuries. The Department's mission statement is based on this mandate and includes input from consumers, parents and family members, advocates, service providers and staff.

Most individuals with severe lifelong disabilities are eligible for services from the department. Services are provided to both children and adults. As these individuals require services for decades there is virtually no turnover in the system to accommodate new persons needing services. These new individuals will be children who are born with severe disabilities and adults and children who survive severe physical trauma due to advances in science and medicine.

To meet these service needs and accomplish the Department's mission, the Commission sets the Department's priorities in accordance with the priorities set by the Governor and the General Assembly. After identifying the needs, both met and unmet of the individuals to be served, and setting priorities, the Department develops a plan which also includes input from various consumer groups, advocacy organizations, providers and other individuals. Program objectives and performance measures are developed to implement this plan. More specific planning follows annually through local service plans, regional center plans, a capital plan and operating budget plans.

The Department strives to serve the greatest number of people possible, and at the same time, insure out-of-home care is available to those individuals with truly critical needs. We continue to persist in making every effort to reduce administration, to increase efficiencies and to retarget resources to the priorities of the agency.

We would be happy to provide you with any additional information about our report. If you have any questions, Tom Waring, Director of Budget, has been designated as our agency's contact person. He can be reached at (803) 898-9792.

Thank you for the opportunity to report.

Sincerely,

Stan Butkus, Ph.D.
State Director

SB/hhs

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

1999-00 Accountability Report
Executive Summary

The Accountability Report for FY 1999-00 emphasizes the Department's continual effort to keep in step with recent changes in South Carolina law and to stay in accord with policies of the Governor and the General Assembly. It also reflects the Department's responsiveness to customers and families who receive services, advocates who promote state of the art services and citizens who require sound stewardship of their tax dollars.

Maximizing Medicaid and Human Resources

The Department of Disabilities and Special Needs has changed from an agency that replaces the family to an agency that supports the family. Family support services keep families together, promote independence and self-sufficiency and prevent expensive out-of-home residential placements. DDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. South Carolina is the fifth fastest growing waiver program in the country, and was the first state to be approved for a head and spinal cord injury Medicaid Waiver.

In addition, the Department of Disabilities and Special Needs has been moving from large state operated programs to locally operated private non-profit and local board programs. This shift has been implemented utilizing a money-follows-the-customer management tool, which has allowed more than 1,000 people to move from regional centers to the community without requiring new state appropriations over the past seven years. This planned, gradual shift toward increased community-based services has made the department more efficient and reflects a more modern approach to services that is better for people with disabilities.

The Department makes every effort to work in partnership with other state and federal government agencies as well as the private sector. Services supplement but do not duplicate what other agencies provide. DDSN has formal cooperative agreements with DHHS, DHEC, DJJ, DMH, Education, DSS, VR, USC, and MUSC. There are many other collaboration initiatives to maximize resources and ensure services supplement but do not duplicate what other agencies provide.

New Strategies to Accomplish the Mission

The mission of SCDDSN is to assist people with disabilities in meeting their needs, pursuing their individual possibilities and achieving their life goals, and to minimize the occurrence and reduce the severity of disabilities through prevention. To do this DDSN strives to ensure their safety and improve the health and economic conditions of the individuals and families served. Our strategic planning is guided by direction from the Governor and the General Assembly, and by our customers' needs and preferences and how they want to be served. It also reflects the Department's responsiveness to national trends, to advocates who promote state of the art services and to citizens who require sound stewardship of their tax dollars. This framework guides agency policy and actions in terms of how we organize, fund and evaluate outcomes of services.

This planning process has afforded the Department a history of progressive service provision and the support of the families we serve, the executive and legislative branches of government, the business community and the general public. This support continues as we take our next steps. We have shifted our system of services to one which is more customer-centered than program-centered. Individuals we serve and their families choose services and providers. Funding is changing from expense-based rates to a capitated model that offers incentives for service providers to increase efficiency. Accountability mechanisms have been redesigned from a process evaluation to an outcome evaluation, while still ensuring compliance with health and safety measures. Customer satisfaction is the benchmark, the true impact of services on individuals and families.

The new approach gives consumers and families the power to use the resources allocated to them in ways that make sense in their lives. They set goals and develop a plan that identifies the services they want and need and who will provide these services. The plan builds on an individual's strengths, interests and talents, and it targets assistance to achieve specific results in the person's life.

Defining the Customer

SCDDSN currently serves 23,000 persons with mental retardation and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic. While they do not go away, the types of services and the way in which they are provided can assist people in achieving their maximum level of independence and greatly improve their quality of life. Approximately 80% or 18,600 of these individuals served live at home with their families. The remaining 20% of individuals have needs which cannot be met at home and require services provided in community residential settings or in one of the state operated regional centers.

Each year more babies are born with severe birth defects and more adults survive accidents that leave them with severe brain or spinal cord injuries. Advances in science and modern medicine save lives but also add a growing group of children and adults who need services for the rest of their lives. Turnover is very limited in the service system as severe disabilities are lifelong and many individuals are waiting for the services they need to be independent. We have a waiting list of 1,100 people for day and employment programs and 300 for priority residential services. In addition, over 1,000 people with severe disabilities live at home with parents who are 65 years old or older. As they age, their ability to provide care and supervision becomes more difficult, eventually impossible. When these parents become ill, develop chronic diseases, or need nursing home care themselves, the state must step in and begin providing 24-hour care for those left in vulnerable life and death situations.

Customer Driven Approach

DDSN is shifting our system of services to one which is more customer-centered than program-centered. Individuals we serve and their families will get to choose services and providers. Funding is changing from expense-based rates to a capitated model that offers incentives for service providers to increase efficiency. Accountability mechanisms are being redesigned from a process evaluation to an outcome evaluation while still ensuring compliance with health and safety measures. Customer satisfaction is the benchmark, the true impact of services on individuals and families.

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Continuous Quality Improvement

The principle of Continuous Quality Improvement will guide SCDDSN in determining whether services and service providers are meeting expectations. The primary measure of quality will be how the person with the disability and the family view the responsiveness of the services. Service providers will be required to design and modify supports and services to meet the expectations of the people who benefit from those services. To do this, they must continuously assess customer satisfaction by collecting information from customers and others; analyzing this information and making needed changes. A combination of continuous quality improvement methods will be used to assure customer satisfaction including licensing, utilization review, outcome assessment, and customer satisfaction surveys and quality indicators.

Efficiencies resulting from continuous improvement will allow redeployment of resources to serve more people. By moving from a self-contained agency to a more streamlined and efficient agency, the department reflects a more modern delivery of services. Avoiding duplication of services, moving from expensive out-of-home care to less expensive and more desirable family support and prevention programs, and implementing business approaches to management are strategies key to this process.

Prioritizing Programs

Programs are utilized in order that the department serve the greatest number of people possible and, at the same time, insure that out-of-home care is available for those individuals with truly critical needs.

Prevention Services

A rule of thumb is that government will save more than $1 million over the life span of an individual if that individual, whether child or adult, remains healthy rather than incurring a severe disability. DDSN has initiated many prevention programs through contractual and other agreements with the Center for Disease Control in Atlanta, the Greenwood Genetic Center, the University of South Carolina School of Medicine, Medical University of SC, Department of Family and Preventive Medicine, DHEC and Department of Health and Human Services.

In-Home Individual and Family Support Services

Preventing unnecessary and costly out-of-home placements for individuals with severe lifelong disabilities is the main objective of the individual and family support program. On average, in-home supports cost less than one-half the least expensive out-of-home placement options. It is generally accepted by professionals and consumers alike that remaining in one's own home is preferable to out-of-home placement. It is rare that a better, more desirable service costs less, but that is the case with family support.

Community Residential Services

When in-home individual and family supports prove ineffective in meeting the needs of the individual, community residential services are offered. Small, family-like community residential services cost less than 65% of the cost of state operated regional center placements. These types of services, located closer to the individuals' home communities, are preferred by families and individuals alike.

Regional Centers

State operated regional center represent the most expensive residential alternative due to the level of care and supervision needed. DDSN continues to reduce the number of persons served in regional facilities as local community supports are expanded to meet more of the needs of the individuals served closer to their families homes. As individuals move from state operated to local programs, the service funds are moved with them.

Challenges

SCDDSN faces the challenge of increasing the quality, range and responsiveness of services and supports. This must be accomplished in addition to meeting the needs of new individuals and ensuring those individuals with disabilities and their families receiving services have increased choice and control. Further, services must be efficient and accountable to the citizens of South Carolina.

To face each of these challenges, we will build on strengths and opportunities. Integral to this approach is the implementation of the following customer/family friendly initiatives and business approaches to management:

- Concentrate dollars to expand in-home family supports instead of more expensive out-of-home placements.
- Monitor the state's disabilities service system which provides a person-centered approach that gives consumers of service and their families more control, within authorized limits, on the types of services and supports they need and want.
- Provide an array of support services so the consumer and family can choose.
- Utilize Medicaid waivers to expand the availability of in-home family support services, to avoid expensive out-of-home care.
- Develop consumer/family satisfaction surveys to get customer input on service delivery.
- Involve consumers and families in task forces, work groups, and committees.
- Increase employment opportunities for people with disabilities to earn sufficient money to move off other health or human service caseloads while benefiting industry.
- Expand service options and choices for consumers and families through the use of family support stipends and other consumer-controlled mechanisms.
- Help families pursue family arranged residential care through developed materials and assistance.
- Provide residential services in small family-like settings located closer to the individual's home communities.
- Develop self-help materials, brochures and handbooks for consumers and families to assist them in providing care and accessing services.
- Shift service dollars to local operations. Over $39 million was shifted during the seven year period, FY 94 - FY 00 which further resulted in the reduction of over fifteen hundred (1,500) FTE's.
- Shift decisions to local level, closer to families, whenever possible.
- Increase privatization/outsourcing of those functions still required in state-operated facilities, i.e., laundry, pharmacy, etc.
- Utilize community settings for residences to benefit local businesses where residents buy groceries, prescriptions, household supplies, gas, go shopping, eat out, etc.

- Where appropriate place regional center residents desiring community based services in their home communities by shifting resources to the local community.

- Reduce the number of process standards and bureaucratic requirements placed on providers.

- Increase more local control in spending dollars without DDSN central office approval.

- Maximize the use of Medicaid resources through new initiatives.

- Continue the development of a capitated payment system to provide the flexibility to minimize the negative impact of categorical rate structures, and to increase efficiency incentives.

- Increase local agencies' flexibility to result in efficiencies, which can then allow redeployment of resources to address the needs of persons on waiting lists.

- Implement agency self-assessments and outcome based evaluations to improve performance and quality of care.

- Increase responsiveness of service providers to the needs and preferences of consumers and their families.

Partnerships

In addition, the department continues to build partnerships with other state agencies, federal agencies and the private sector. Working together in cooperation has improved the delivery of services. Specific results include increased efficiency, avoidance of duplication of services, maximized resources and minimized confusion for consumers and families. Cooperative efforts include:

Prevention:

- DDSN assists in funding a staff person at DHEC to coordinate prevention initiatives.

- DDSN, USC-School of Medicine, MUSC, UAP, Greenwood Genetics Center, and DHEC make up the South Carolina Disabilities Collaborative.

- The Neural Tube Defect Initiative to prevent mental retardation includes DDSN, Greenwood Genetics Center, CDC, DHEC, the DD Council, Office of the Governor and March of Dimes.

- An Interagency Office of Disability and Health (IODH) is supported by DDSN, DHEC, the USC School of Medicine and MUSC.

- Seats for Safety and Kids Riding Safety is a cooperative effort by DDSN, S.C. Hospital Association, Safety Kids, DHEC, and the DD Council, Office of the Governor.

- Steps to your Health is a wellness program to prevent secondary conditions in adults with mental retardation in collaboration with USC – School of Medicine.

- Interagency Office of Disability and Health (IODH) collaboration among USC – School of Medicine, DDSN, DHEC and MUSC to prevent secondary condition for people with disabilities.

Service Delivery:

- DDSN collaborates with the Developmental Disabilities Council, Office of the Governor, to increase public awareness, promote people with disabilities and to assist families.

- DDSN provides staff at DHHS and DSS to maximize Medicaid opportunities, reduce costs and facilitate increased services.

- DDSN provides BabyNet services in coordination with DHEC as lead agency.

- DDSN coordinates with VR at the state and local levels to promote the employment of people with disabilities and to increase the number of disabled persons hired.

- DDSN coordinates with DMH to insure persons with both mental retardation and mental illness are served appropriately and cost effectively. This minimizes the risk of an individual falling through a crack in the system.

- DDSN provides staff at DJJ as liaisons between the agencies, to determine DDSN eligibility of DJJ clients and to provide habilitation services. Individuals are redirected to DDSN services when appropriate.

- DDSN participates with numerous agencies in the cost sharing of services for persons with severe disabilities who receive state services.

- DDSN is a partner with DSS in the effort to employ welfare recipients.

- DDSN is an active participant in policy development and coordination with the Health and Human Services' agency directors.

Efficiency Measures

Cost Avoidance: Maximizing Community Services

DDSN continues to reduce the number of persons served in its state operated regional centers, which are the most expensive residential alternative funded by the Department and Medicaid. During fiscal year 2000, DDSN reduced the size of the regional centers by 44 people. Using a money follows the individual formula, $2.6 million was shifted to local community programs along with the individuals to provide these residential services. This allowed these individuals to move to smaller, group home residential services, usually located closer to the individuals' home communities. As a result, 79 DDSN FTEs were reduced. In the past, DDSN requested new funds from the legislature each year to fund the movement of individuals to their local community. Now, DDSN is able to redirect its own resources to cover this expense.

Maximizing Human Resources

The FY 1997-98 and FY 1998-99 Appropriations Acts included a DDSN Proviso for Retargeting Resources/FTE Reduction. These provisos gave DDSN the authority to develop a plan to retarget resources, realign its workforce and continue to provide services in the most appropriate settings. The purpose was to assist the agency in the transition from institutional care to a community based system by providing an option for local managers to align their current and anticipated human resource needs with their operational needs for now and the future. The agency self-funded the benefit packages requiring no additional appropriation.

The result is that 165 employees costing $6 million in salary and fringes applied and was approved for the separation benefit during the two years. The FTEs were deleted and the funds were shifted to the local disability boards to continue supporting residential services for individuals moving from the regional centers to the community. The individuals will be in more home-like settings closer to their families. In the past, DDSN requested funds from the legislature each year to fund the movement of these individuals. By utilizing attrition and these provisos, DDSN has been able to avoid an employee RIF as we retargeted our own resources to cover this expense ourselves.

Reducing Administration

During the last four years DDSN's Central Office FTEs were reduced by 10% through the Retargeting Resources/FTE Reduction provisos and attrition. Central Office administration has decreased from 2.8% of the Department's budget in FY 90-91 to 2% in FY 00-01 even though there has been an increase in the need for services, the number of people served and an increased scope of services. These savings were reallocated to in-home family support and residential services thereby reducing the need for additional State dollars at the time.

SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MISSION STATEMENT

The SCDDSN, as defined in the South Carolina Code of Laws, serves persons with mental retardation, autism, head and spinal cord injuries, and conditions related to each of these four disabilities in accordance with the following concepts:

VISION - WHERE WE ARE GOING!

To be the best in the world at assisting persons with disabilities and their families.

MISSION - WHAT WE DO!

Assist people with disabilities in meeting their needs, pursuing their individual possibilities and achieving their life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

VALUES - OUR GUIDING BELIEFS!

Health, safety and well-being of each person

Dignity and respect for each person

Individual and family participation, choice control and responsibility

Relationships with family, friends and community connections

Personal growth and accomplishments

PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS

Person - Centered

Responsive, efficient and accountable

Practical, positive and appropriate

Strengths - based, results-oriented

Offer opportunity to be productive, and to share gifts and talents with the community

Utilize best practices and approaches

Leadership System

Our strategic planning is guided by direction from the Governor and the General Assembly, and by our customers' needs and preferences and how they want to be served. It also reflects the Department's responsiveness to national trends, to advocates who promote state of the art services and to citizens who require sound stewardship of their tax dollars. This framework guides agency policy and actions in terms of how we organize, fund and evaluate outcomes of services. This planning process has afforded the Department a history of progressive service provisions and the support of the families we serve, the executive and legislative branches of government, the business community and the general public.

The Department utilizes staff development opportunities to stress team-building concepts and to train employees and service providers on mediation techniques. Team building emphasizes all levels of the organization in the decision making process and setting performance goals for the Department.

When changes are being proposed which impact the way services are provided or funded, taskforces are utilized to ensure that all levels of the organization are represented. A broad range of individuals serve on these taskforces in order to obtain a full understanding of the issues involved. This enables top management to hear from all sides of the proposed change. The taskforces include front line staff (who are providing the direct care to the consumer), family members of consumers, middle management from the service providers and the Department, as well as top management from the service providers and the Department.

In developing agency-wide plans and strategies, cross-functional committees are utilized. These committees consist of staff with programmatic skills as well as staff that are skilled in fiscal matters. This cross-functional staffing provides for a thorough review of all issues involved in implementing or establishing agency-wide policies.

The agency's State Director and his executive staff are constantly meeting with consumer advocates, parent groups, service provider representatives and consumers to keep abreast of what is actually taking place. From these meetings issues are addressed and identified. The Department relies on the consumers, service providers, parents and advocates to provide feedback on how well the services provided are meeting the needs of the consumer.

We have shifted our system of services to one which is more customer-centered than program-centered. Individuals we serve and their families choose services and providers. We constantly hear from the individuals we serve and their families on their changing needs and how their needs can be met. Accountability mechanisms have been redesigned from a process evaluation to an outcome evaluation, while still ensuring compliance with health and safety measures. Customer satisfaction is the benchmark, the true impact of services on individuals and families.

Customer Focus and Satisfaction

System changes are aimed to increase consumer and family satisfaction with the service delivery system and to increase service provider productivity and efficiency. Such efforts increase DDSN accountability to the citizens of South Carolina. The increase in efficiencies allows us to redeploy resources to address unmet needs.

The new system is a person-centered approach to service delivery, which is driven by customer choice. The new approach gives consumers and families the power to use the resources allocated to them in ways that make sense in their lives. They set goals and a plan is developed which identifies the services they want and need, as well as who will provide these services. The plan builds on an individual's strengths, interests and preferences, and it targets assistance to achieve specific results in the person's life. Consumers and others evaluate the services delivered on results produced in the person's life and how satisfied he or she is with the services provided.

The person-centered approach puts the emphasis where it should be - on the consumer receiving services. The consumer/family knows best what their needs are and how best a service system can address those needs. This change of control from a provider-driven system to the consumer underscores the fundamental change DDSN implemented.

Customer satisfaction is a priority in this new person-centered approach to service delivery. Self-advocacy groups throughout the state have been established to empower consumers to be more involved in making decisions about their lives. Customer satisfaction assessments have been conducted to determine the satisfaction levels of the consumers. These satisfaction assessments are being performed throughout the state. The service providers and DDSN continuously assess customer satisfaction by collecting information from customers and others analyzing this information and making needed changes. A combination of continuous quality improvement methods are used to assure customer satisfaction including licensing, utilization review, outcome assessment, and customer satisfaction surveys and quality indicators.

A federal grant has been awarded to the Department, which has been and will continue to be used to further educate consumers and their families on how to fully participate in the decisions that affect the consumer's life. In addition, the Department is implementing an outcome based performance measurement system to be phased in over the next few years.

PRIORITY RANKING - Number One Priority

PROGRAM NAME - Prevention

PROGRAM COST:

Funds expended in FY '00 for the Prevention Program was $5.3 million. This funding consist of the following sources of funds: State - $1.9 million, Federal - $.1 million, Other (Medicaid) - $3.3 million. Total funds expended in FY '99 for the Prevention Program was $5.0 million.

PROGRAM GOAL:

Prevent primary and secondary disabilities related to Mental Retardation, Autism and Head and Spinal Cord injuries in the state of South Carolina. The Department utilizes national as well statewide trends to set its prevention priorities and promote the quality of life for individuals with disabilities. Programs and individualized plans are evaluated based on these annual interviews and assessments.

PROGRAM OBJECTIVES:

Prevention is the top priority of SCDDSN, as this effort has the opportunity to save enormous dollars and provide for a better quality of life for all citizens of South Carolina. SCDDSN's prevention efforts are in the following areas: **1)** In collaboration with Greenwood Genetic Center, DD Council, March of Dimes, USC School of Medicine and DHEC continue the NTD prevention program to prevent the occurrence and recurrence of neural tube defects (NTD) in South Carolina through the use of folic acid, to include a tracking of all mothers who have previously had children with NTD's**,** **2)** Reduce the incidence rate for NTD's in South Carolina below the current rate of one in 1,000 for the general population and maintain the incidence rate of NTD births for mothers who have previously had a child with NTD, **3)** Maintain the family planning program (STEPS) on statewide basis in FY 1999-00, **4)** Implement statewide passenger safety seat training in collaboration with SAFE Kids and DHEC, **5)** In collaboration with USC School of Medicine implement year two of the TBI Follow-up System grant to ascertain the outcomes of TBI survivors, and continue Traumatic Brain Injury Surveillance System, **6)** Implement wellness programs in local DSN boards to prevent secondary health conditions among adults with disabilities, **7)** Provide disability prevention programs through teacher graduate courses to promote inclusion of prevention in classroom curricula, and **8**) Implement local disability prevention programs related to head and spinal cord injuries.

PERFORMANCE MEASURES:

	Actual FY 1998-99	Actual FY 1999-00
Outputs:		
Number of STEPS Projects	45	45
Number of Community Grants Awarded	5	3
Inputs:		
Number of People Served by STEPS Program	834	875
Number of Genetic Education Encounters through Greenwood Genetic Center	1,258	1,095
Number of People Receiving Genetic Evaluation through Greenwood Genetic Center	3,721	4,225
Childhood Passenger Safety Seat Trainees	245	280
Efficiency Measures:		
STEPS Cost per Individual Served	$2,142	$1,645
Outcomes:		
Ratio of Neural Tube Defects to Live Births	.83/1000	.88/1000
Ratio of NTD's to Live Births for Mothers with Previous Child with NTD	0/40	0/51
Quality:		
% of Women Using Folic Acid Daily	36%	36%

J16

PRIORITY RANKING: Number Two Priority

PROGRAM NAME: - Mental Retardation Family Support

PROGRAM COST:

Funds expended in FY 00 for Mental Retardation Family Support was $85.4 million. This funding consist of the following sources of funds: State - $34.5 million, Federal - $.9 million, Other (Medicaid) - $50.0 million. Total funds expended in FY '99 for this Program was $72.5 million.

PROGRAM GOAL:

The primary goal of this program is to prevent unnecessary and expensive out-of-home placements by providing people with mental retardation and related disabilities with the support services necessary to maintain them in their own homes. Family support services attempt to minimize the breakup of families and prevent the development of crisis situations and the resulting expensive out-of-home placement.

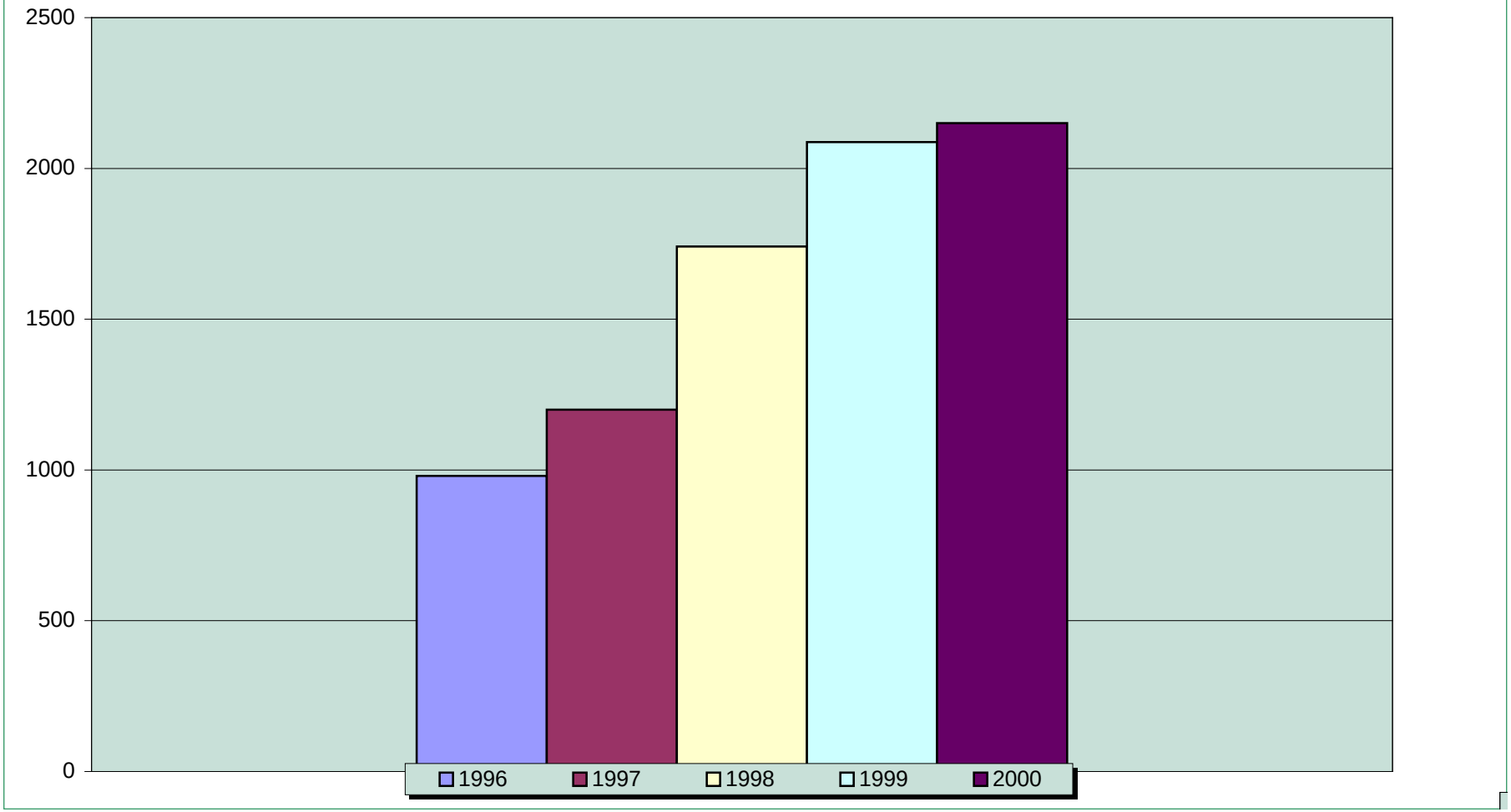
Advocacy groups, providers of service and customers, are consulted to define support services that will enable families to stay together. Workplans are developed to assure that strategies to keep the individual at home are being carried out and that timetables are maintained. The Department utilizes various assessments to determine that the support services are meeting the needs of the customers and that the customers are satisfied with the quality of the services provided. Assessments are done from agencies independent of the Department, through local consumer review panels, random telephone surveys and independent facilitation providers. Concerns voiced by customers are a priority of the Department and resources are assigned to address their issues when appropriate. Concerns presented are followed up on until they are satisfactorily resolved.

PROGRAM OBJECTIVES:

In order to maintain the family setting and prevent costly out-of-home placements, the following objectives are in place: **1)** provide in-home training to parent/guardians to care for their child with a disability, **2)** provide therapeutic interventions to develop skills for each individual in the least restrictive environment, **3)** apply positive behavioral interventions for individuals at risk of residential placement, **4)** provide case management to initiate access and coordinate services, **5)** provide early intervention services to all children that are eligible, **6)** provide family support stipends and respite to families to avoid residential placement, **7)** allocate 75 of the Medicaid waiver slots for individuals living at home, **8)** increase the number of individuals competitively placed in jobs by 3%, **9)** reduce the growth rate of the day program waiting list, and **10)** minimize future out-of state placements.

PERFORMANCE MEASURES:	Actual FY 1998-99	Actual FY 1999-00
Inputs:		
Individuals Enrolled in Service Coordination	11,171	11,547
Number Receiving Early Intervention Services	2,156	2,394
Individuals Receiving Family Support Services	17,039	19,145
Individuals Receiving Medicaid Waiver Slots – Non residential	2,087	2,197
Outputs:		
Number of Early Intervention Coordinators	145	160
Number of Service Coordinators	265	295
Efficiency Measures:		
Average Home and Community Based Waiver Budget	$17,230	$19,500
Number of In-home Family Training Hours Provided	5,450	6,450
Number of Children Receiving Center Based Services	128	193
Average Cost of Adult Work Activities	$8,550	$8,715
Outcomes:		
Number of Emotionally Disturbed Children Served Out of State	1	1
Community Day Program Waiting List	750	941
Persons Working in Mobile Work Crews & Enclaves	1,293	1,105
Number of Individuals Receiving Job Training	1,181	1,159
Quality:		
Average Training Hours per Month	2.90	2.90

South Carolina Department of Disabilities & Special Needs
Individuals Receiving MR Wavier Service
Priority 2



J16

PROGRAM RANKING - Number Three Priority

PROGRAM NAME - Autism Family Support

PROGRAM COST:

Funds expended in FY '00 for Autism Family Support Services was $3.8 million. This funding consist of the following sources of funds: State - $.9 million, Federal - $.1 million, Other (Medicaid) - $2.9 million. Total funds expended in FY '99 for this Program was $3.0 million.

PROGRAM GOAL:

To prevent unnecessary and expensive out-of-home placements by serving people with autism with the support services necessary to maintain individuals in their own homes. Family support services prevent the breakup of families and prevent the development of crisis situations and the resulting out-of-home placements.

Feedback from statewide and local advocacy groups is utilized to set priorities for this program. These advocacy groups identify needs of the customers and help in developing strategies for use of resources in the future. Workplans are developed yearly to assure that strategies to keep the individual at home are being carried out and that timetables are maintained. Collaboration of resources is done at the local school district level for children to ensure that teachers are trained in proper teaching techniques in meeting the needs of individuals with autism. Concerns voiced by customers are a priority of the Department and resources are assigned to address the issues. Concerns presented are followed up on until they are satisfactorily resolved.

PROGRAM OBJECTIVES:

In order to maintain the family setting and prevent costly out-of-home placements, the following objectives are in place: **1)** increase the training of non-Autism professionals by 5% , **2)** maintain summer service opportunities, **3)** provide family support services for 10 additional families, and **4**) provide intensive home intervention programs at CARE Centers for up to 50 families.

PERFORMANCE MEASURES:	Actual	Actual
Inputs:	FY 1998-99	FY 1999-00
Number of Professionals Receiving Training	1,605	1,691
Number of Individuals Participating in:		
Summer Camp Services	84	190
Number of Families Receiving Respite Care	157	233
Number of Families Receiving Family Stipends	205	221
Efficiency Measures:		
Family Support Average Cost/Individual	$1,810	$1,865
Outcomes:		
Persons Working in Supported Employment	23	27
Number of People Receiving Intensive Intervention	36	44
Community Day Program Waiting List	34	33

J16

PRIORITY RANKING - Number Four Priority

PROGRAM NAME: Head and Spinal Cord Injury Family Support (HASCI)

PROGRAM COST:

Funds expended in FY '00 for Head and Spinal Cord Injury Family Support Services was $5.7 million. This funding consist of the following sources of funds: State - $3.4 million, and Other (Medicaid) - $2.3 million. Total funds expended in FY '99 for this Program was $4.0 million.

PROGRAM GOAL:

To prevent unnecessary and expensive out-of-home placements by serving people with head or spinal cord injuries with the support services necessary to maintain individuals in their own homes. Individual and family support services prevent the breakup of families and prevent the development of crisis situations and the resulting out-of-home placements.

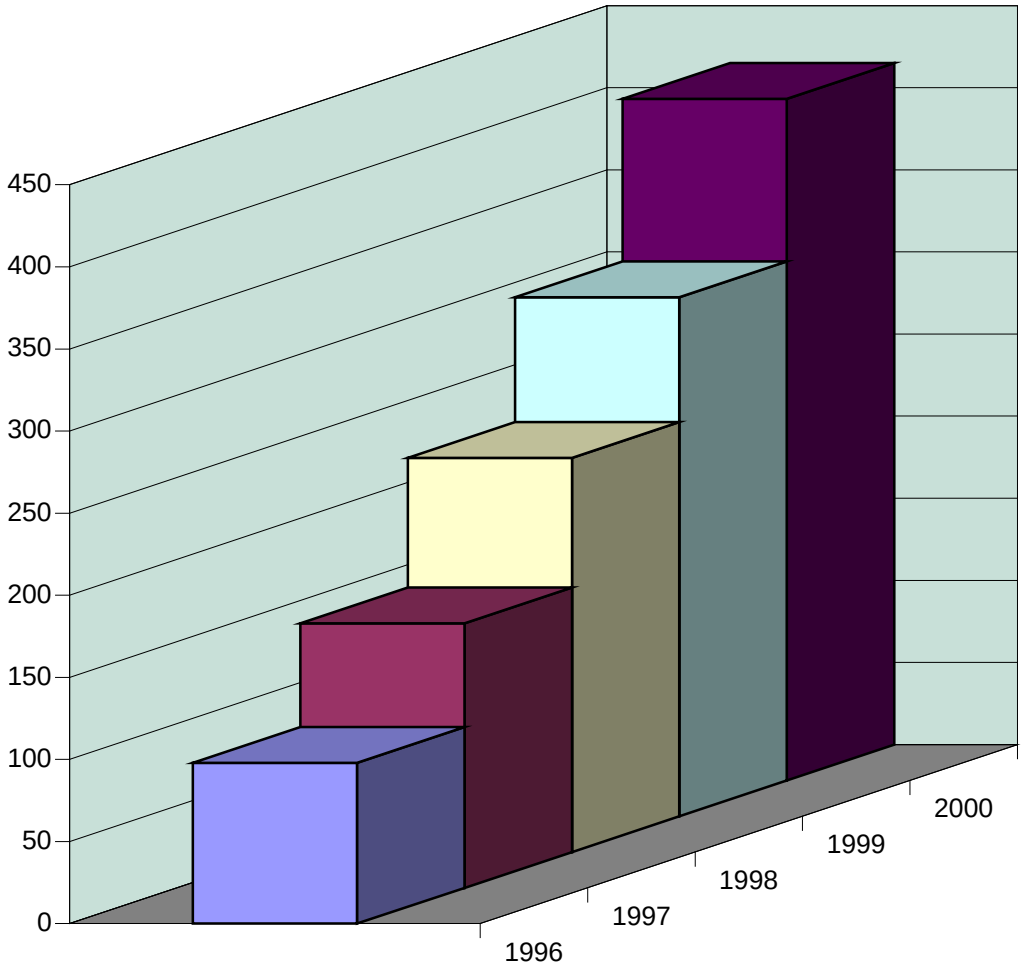
Feedback from statewide and local advocacy groups is utilized to set priorities for this program. These advocacy groups identify needs of the customers and help in developing strategies for use of resources in the future. Workplans are developed yearly to assure that strategies to keep the individual at home are being carried out and that timetables are maintained.

PROGRAM OBJECTIVES:

To allow for independence of the individuals served and prevent costly out-of-home placements, the program objectives are as follows: **1)** provide service coordination to 1,200 individuals by funding additional coordinators, **2)** through grants, provide home modifications to 30 individuals on waiting list for HASCI services, **3)** serve an additional 100 individuals through the head and spinal cord injury Medicaid waiver, and **4)** develop additional in-home supports initiatives verses residential placement.

Performance Measures:	Actual FY 1998-99	Actual FY 1999-00
Inputs:		
Number of Families Receiving Family Stipends	344	378
Individuals with Head Injuries Receiving Services	408	426
Individuals with Spinal Cord Injuries Receiving Services	399	491
Individuals with Similar Disabilities	174	181
Number of Individuals Receiving Service Coord.	1,006	1,098
Number of Individuals on Service Waiting List	231	211
Number Individuals in Medicaid Waiver	316	415
Outputs:		
Number of New Service Coordinator Positions	4	7
Number of Individuals Served In-home Supports	63	72
Efficiency Measures:		
Family Support Stipend Average Cost/Individual	$2,376	$1,950
Average Cost Per Individual in the Waiver	$18,463	$21,529
Outcomes:		
Persons Working in Supported Employment	40	40
Individuals Receiving Funding from Grants	32	35
Professionals Trained in Head and Spinal Cord Injuries	175	200

South Carolina Department of Disabilities & Special Needs
Individuals Receiving HASCI Waiver Services
Priority 4



DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

J16

PRIORITY RANKING: Number Five Priority

PROGRAM NAME: - Mental Retardation Community Residential

PROGRAM COST:

Funds expended in FY '00 for Community Residential Service was $132.4 million. This funding consist of the following sources of funds: State - $46.0 million, and Other (Medicaid) - $86.4.0 million. Total funds expended in FY '99 for this Program was $105.5 million.

PROGRAM GOAL:

To provide up to 24 hour care in locally operated, cost efficient, family-like out-of -home placements in the community for those individuals with mental retardation or a related disabilities whose needs cannot be met with family supports. These placements are for the most critical situations whereby an individual's health, safety, or securities are in jeopardy and family support efforts will not be sufficient. Also, includes as a high priority, the development of residential bed options for placement of individuals who are living with aged caregivers (caregivers over the age of 65).

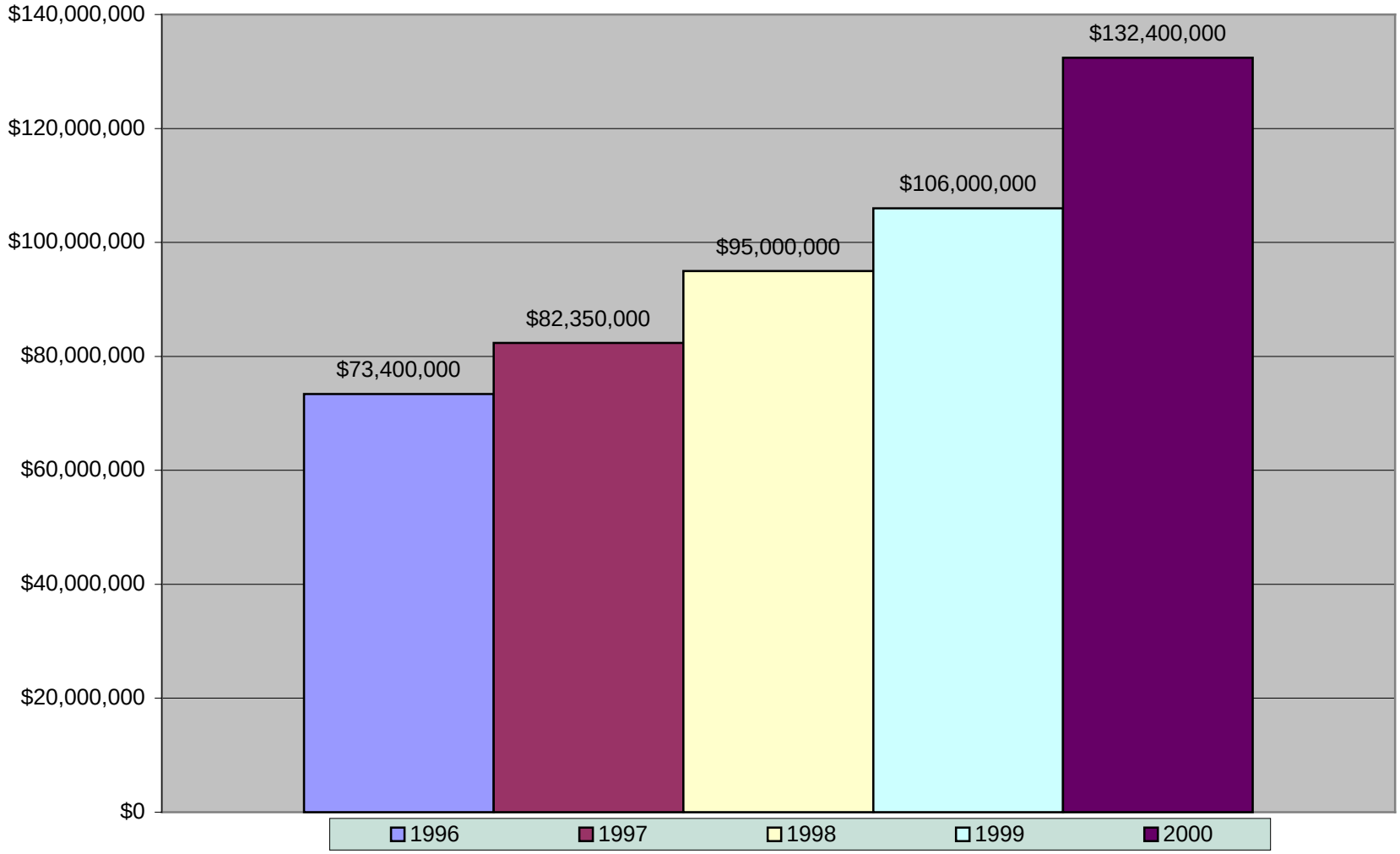
Department uses research/data from other states and national trends to provide state of the art care to its customers. Nationally established best practices are utilized to assure quality of care and to provide a continually proactive approach in assuring health and safety of the customer.

PROGRAM OBJECTIVES:

In order to provide individuals with out-of-home placements in the community in the most cost efficient manner (while maintaining their preference), the following objectives are in place: **1)** remove 188 individuals from the residential waiting list, **2)** maintain the current rate of the residential priority waiting list numbers, **3)** transfer $2.2 million from regional centers' budgets to support community based services for 32 individuals no longer living at the regional centers, **4)** reduce the average length of time individuals in need of critical placements are on the waiting list, **5)** continue to expand community residential placement as a less expensive residential alternative that allows the individual served to remain in their community closer to their families, **6)** divert customers from being placed on residential waiting list by providing in home supports, and **7)** make 30 placements for individuals living with caregivers who are aging.

PERFORMANCE MEASURES:	Actual	Actual
Outputs:	FY 1998-99	FY 1999-00
Community Residential ICF/MRs	1,110	1,094
Supervised Living Program	617	639
Community Training Home	1,357	1,604
Efficiency Measures:		
Per Individual ICF/MR Community Cost	$63,926	$65,900
Community Training Home Cost Per Individual	$48,763	$50,300
Supervised Living Cost Per Individual	$22,881	$23,600
Outcomes:		
Residential Waiting List for Priority Placements	392	384
Funds Transferred to Support Community Services	$7.8 million	$2.6 million
Average Time on Residential Waiting List (months)	19	18
Number of Individuals Removed from Waiting List	121	265
Quality:		
Number of Nurses in Community Residences	183	183
Number of Federal Standards Citations	3	3

South Carolina Department of Disabilities & Special Needs
Dollars Growth in Community Residential Services
Priority 5



J16

PROGRAM RANKING - Number Six Priority

PROGRAM NAME - Autism Community Residential

PROGRAM COST:

Funds expended in FY '00 for Autism Community Residential Services was $5.5 million. This funding consist of the following sources of funds: State - $1.7 million, and Other (Medicaid) - $3.8 million. Total funds expended in FY '99 for this Program was $4.6 million.

PROGRAM GOAL:

To provide 24-hour care in locally operated, cost efficient, family-like out-of -home placements in the community for those individuals with autism whose needs cannot be met with family supports. These placements are for the most critical situations whereby an individuals' health, safety, or security are in jeopardy and family support will not be sufficient.

Department uses research/data from other states and national trends to provide state of the art care to its customers. Nationally established best practices are utilized to assure quality of care and to provide a continually proactive approach in assuring the health and safety of the customer.

PROGRAM OBJECTIVES:

In order to provide individuals with out-of-home placements in the community in the most cost efficient manner, the following objectives are in place: **1)** increase residential beds available by 40 to address critical life or death situations involving persons with autism, **2)** maintain the growth rate of the residential waiting list at the prior year level, **3)** reduce the average length of time individuals are on the waiting list, and **4)** continue to provide community placement as the least expensive residential alternative.

PERFORMANCE MEASURES:	Actual	Actual
Inputs:	FY 1998-99	FY 1999-00
Community Residential ICF/MRs	44	51
Supervised Living Program	3	4
Community Training Home	109	120
Efficiency Measures:		
Per Individual ICF/MR Community Cost	$69,679	$71,800
Community Training Home Cost Per Individual	$51,201	$52,750
Supervised Living Cost per Individual	$24,024	$24,750
Outcomes:		
Residential Waiting List	8	2
Average Time on Residential Waiting List (months)	13	14

DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

J16

PRIORITY RANKING: Number Seven Priority

PROGRAM - Regional Centers Residential

PROGRAM COST:

Funds expended in FY '00 for Residential Services in the Regional Centers was $95.6 million consisting of the following sources of funds: State - $49.8 million, Federal - $.1 million, Other (Medicaid) - $45.7 million. Total funds expended in FY '99 were $97.3 million.

PROGRAM GOAL

Provide room and board, habilitation, and training services in the dormitory units at DDSN's regional centers for individuals with mental retardation and related disabilities. This 24-hour care will be provided only to those individuals unable to live in community residences due to the severity of their disabilities.

Department uses research/data from other states and national trends to provide state of the art care to its customers. Nationally established best practices are utilized to assure quality care and a continually proactive approach in assuring health and safety of the customer.

PROGRAM OBJECTIVES:

Due to the expected need for the regional centers' beds, the following objectives are in place: **1)** plan on a decrease in the number of ICF/MR beds in the regional centers by 32, **2)** serve individuals in regional centers who need and desire this service, and **3)** maintain the staff to client ratio for each person enrolled.

PERFORMANCE MEASURES:

	Actual	Actual
Outputs:	FY 1998-99	FY 1999-00
Regional Center Enrollment	1,172	1,097
Number of Client Days	454,729	411,420
Inputs:		
Number of Clients Who Are Non-Ambulatory	256	249
Number of Clients Who Are Not Self-Feeding	378	369
Number of Clients with Severe or Profound Mental Retardation	985	961
Number of Clients with Emotional/Behavioral Problems	646	636
Number of Clients Who Are Non-Verbal	765	757
Efficiency Measures:		
Total Annual Regional Center Cost Per Client	$81,026	$89,863
Regional Center Cost Per Client Day	$222	$246
Outcomes:		
Regional Center Bed Reduction for Year	143	75
Regional Center Staff to Client Ratio	2.44:1	2.45:1
Number of Admissions to Regional Centers	24	26